



## BILLING CLAIM FORMS REQUEST

Fill out this form in **ink**.

### ELECTRONIC BILLING INFORMATION

MAA accepts various methods of electronic billing. These methods of filing claims are both fast and economical. Providers interested in electronic billing may call the following number: (360) 725-1267.

**THIS TELEPHONE NUMBER IS FOR ELECTRONIC BILLING INFORMATION ONLY, NOT FOR ORDERING FORMS.**

We cannot accept telephone orders.

**If you are ordering forms for more than one provider, attach a list showing each provider number.** Indicate the number of forms you need; otherwise, the quantity of forms sent will be based on the number of claims submitted within the last six months to the MAA Claims Processing Section.

### FOR USE IN BILLING MEDICAID SERVICES ONLY

QUANTITY	FORM NO. AND TITLE
	525-109 ADJUSTMENT REQUEST - Blue (OPS-3)
	525-106 PHARMACY STATEMENT (OPS-1)
	525-106 PHARMACY STATEMENT (Continuous for Computer Printing) (OPS-5)
	DIRECT ENTRY - BATCH HEADER BACKUP DOCUMENTATION SHEET
	DIRECT ENTRY - BACKUP DETAIL SHEET
	DIRECT ENTRY - CLIENT LISTING

### RETURN COMPLETED FORMS REQUEST TO:

Medical Assistance Administration  
Division of Program Support  
Claims Processing Section  
P O Box 45560  
Olympia WA 98504-5560

Please allow three to five weeks for delivery.

This portion of the form will be the mailing label for your order. **You must indicate a street address for United Parcel Service (UPS) delivery.** UPS WILL NOT DELIVER TO A POST OFFICE BOX ADDRESS.

### (WRONG PROVIDER NUMBER CAUSES UNDUE DELAY)

PROVIDER NAME	PROVIDER NO. (SEVEN-DIGIT)
STREET ADDRESS (Required for UPS Deliveries)	TELEPHONE
CITY	ATTENTION
STATE	
ZIP CODE	